THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF LAW
LL.B. PROGRAMME

REQUEST TO WRITE SUPPLEMENTAL EXAMINATIONS
(This form is for use by the Faculty of Law students only)

Academic Year 20_____

Please complete the information below and submit to the Faculty of Law Office via email lawdean@cavehill.uwi.edu for **approval**.

Students must note that failures would compute in the GPA each time the failure occurs.

SURNAME:	**OTHER NAMES:**	
STUDENT ID No.:	**LEVEL:** ☐ **One** (Continuing) ☐ **Two** ☐ **Three**	**Telephone:** _____ **Email:** _____
COURSE CODE:	**COURSE TITLE:**	

Briefly state your reason for the requested leave:

Signature: _____ **Date:**_____

OFFICIAL USE (DEAN'S OFFICE)

COMMENTS: _____

_____

Recommendations of Head of Department: _____

Signature _____ **Date:** _____